

**Work Order ID 161188**

Monday, May 08, 2017 10:16:14 AM

**\*161188\***

Page 1

**Item ID:** D206-667-147TRN**Accept****\*N900040100\*****Setup Start****\*NS1\*****Revision ID:****Stop****\*NS2\*****Item Name:** Crosstube Assembly, Mid Fwd**Start Date:** 6/29/2017 **Start Qty:** 1.00**\*1\*****Cust Item ID:****Required Date:** 7/6/2017 **Req'd Qty:** 1.00**\*1\*****Customer:****Reference:** SCHEDULED/C**Approvals:****Process Plan:****Date:**

MAY 08 2017

**Tooling:****Date:****Run Start****\*NR1\*****QC:****Date:****SPC (Y/N):****Date:****Stop****\*NR2\*****Sequence ID/  
Work Center ID****Operation  
Description****Set Up/  
Run Hours****Tool ID****Tool #****Plan  
Code****Accept  
Qty****Reject  
Qty****Reject  
Number****Insp.  
Stamp****Draw Nbr****Revision Nbr**

D206-667-147

A

100

1.08

**\*100\***

Mori Seiki

MORI SEIKI CNC LATHE LARGE

**Memo**

1.80

Mori Seiki CNC Lathe Large

1-Fill tube with sand &amp; install plugs 206-147 on both ends as per Folio FB029

2-Turn first side as per Folio FB029

3-Blend transition lines only with belt sander 60 grit.

FOLIO REV: AKDWG REV: AKDAS  
23  
9-89

110

0.00

**\*110\***

QC

QC2- Inspect parts off machine FAI/FAIB

**Memo**

0.00

Quality Control

DAS  
23  
9-89

17/5/11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                            |  |  |
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| <b>Root Cause</b><br><div style="display: flex;"> <div style="width: 50%;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="width: 50%;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="width: 50%;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex;"> <div style="width: 50%;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="width: 50%;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                     |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                     |  |
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| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |

Monday, May 08, 2017 10:16:14 AM

**\*161 188\***

Page 3

**Accept**

**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**Item Name:** Crosstube Assembly, Mid Fwd

**Start Date:** 6/29/2017      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date:** 7/6/2017      **Req'd Qty:** 1.00      **\*1\***

**Customer:**

**Reference:** SCHEDULED/C

**Approvals:**      **Process Plan:**      **Date:**      **Tooling:**      **Date:**

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

145

0.00

**\*145\***

0.27

## Crosstubes

## Memo

## Crosstubes

GRIND ONLY TRANSITION LINES SMOOTH LONGITUDE WAY.

150

0.00

**\*150\***

2.60

HandFXtube

## Memo

### Hand Finishing Crosstubes

1- PRESSURE WASH X-TUBE INSIDE AND OUT

2- ALODINE AND ACID ETCH X-TUBE INSIDE AND OUT. USE RED SCOTCH BRITE

160

### QC7-Inspect Chemical Conversion Coat

0.00

**\*160\***

0.02

QC

## Memo

### Quality Control

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 | MRB (QSI042) Approval             |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                       | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |



**Work Order ID 161188**

Monday, May 08, 2017 10:16:14 AM

**\*161188\***

Page 4

Item ID: D206-667-147TRN

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Crosstube Assembly, Mid Fwd

Start Date: 6/29/2017 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 7/6/2017 Req'd Qty: 1.00

**\*1\***

Customer:

Reference: SCHEDULED/C

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 170                            | Packaging                                   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                             |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                        | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | LOCATION : LG014                            |                      |         |        |              |               |               |                  |                |
| 180                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| <b>*180*</b>                   |                                             |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                        | 0.10                 |         |        |              |               |               |                  |                |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                |

DP2 17-05-16

17/5/19



MAY 19 2017

# Picklist Print

Monday, May 08, 2017 10:16:14 AM

Page 1

Work Order ID: 161188

**\*161188\***

Parent Item: D206-667-147TRN

**\*D206-667-147TRN\***

Parent Item Name: Crosstube Assembly, Mid Fwd

Start Date: 6/29/2017

Required Date: 7/6/2017

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP rev:A 11.01.06 new issue DD verf:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D6002-115                       |                        | Manufactured  | No          |                     |                  | 100             | Each               | 66.0000        | 1           | 1            |               |                |        |

**\*D6002-115\***

Crosstube Material

**\*\***

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| HALL     | 60      |          |
| 107867   | 60      |          |
| LG003    | 6       |          |
| 69794    | 6       |          |

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

17/5/11

DAS  
23  
9-89



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : <input type="checkbox"/> |                       |                                                                                                                    |  |

|                                                 |                     |                     |
|-------------------------------------------------|---------------------|---------------------|
| <b>DART AEROSPACE LTD</b>                       | <b>Work Order:</b>  | <b>161188</b>       |
| <b>Description: Crosstube Assembly, Mid Fwd</b> | <b>Part Number:</b> | <b>D206-667-147</b> |
| <b>Inspection Dwg: D206-667-147 Rev: A</b>      |                     | <b>Page 1 of 2</b>  |

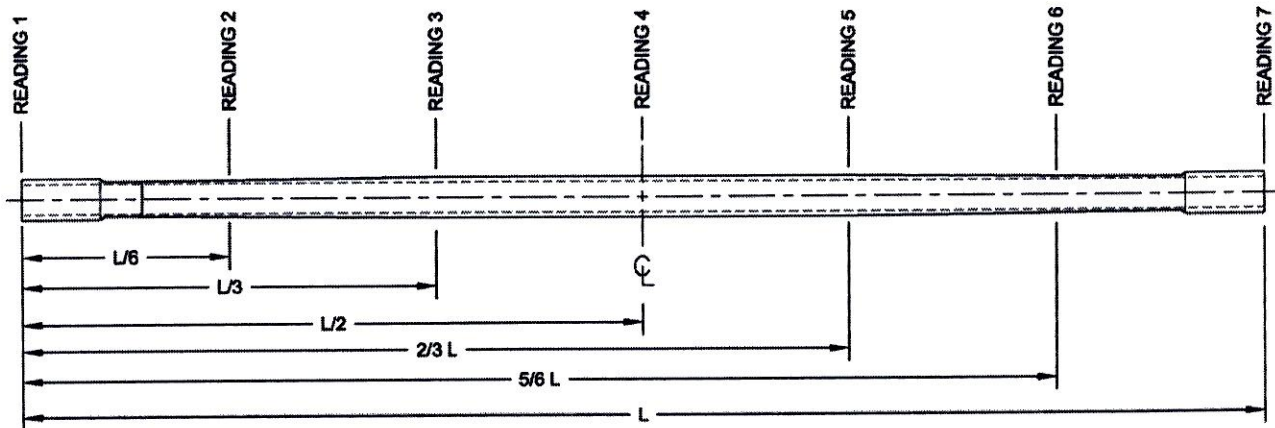
### FIRST ARTICLE INSPECTION CHECKLIST

|        | Inspection Sheet<br>Drawing Dimension | Tolerance     | Actual<br>Dimension | Accept | Reject | Method of<br>Inspection | Comments |
|--------|---------------------------------------|---------------|---------------------|--------|--------|-------------------------|----------|
| SIDE A | 2.240                                 | +0.005/-0.000 | 2.245               | ✓      |        | ↑                       |          |
|        | 1.984                                 | +0.005/-0.000 | 1.988               | ✓      |        |                         |          |
|        | 2.019                                 | +0.005/-0.000 | 2.024               | ✓      |        |                         |          |
|        | 2.058                                 | +0.005/-0.000 | 2.062               | ✓      |        |                         |          |
|        | 2.097                                 | +0.005/-0.000 | 2.101               | ✓      |        |                         |          |
|        | 2.136                                 | +0.005/-0.000 | 2.1395              | ✓      |        |                         |          |
|        | 2.176                                 | +0.005/-0.000 | 2.181               | ✓      |        |                         |          |
|        |                                       |               |                     |        |        |                         |          |
|        | 0.125                                 | +/-0.010      | 0.125               | ✓      |        | Vernier                 |          |
|        | R0.063                                | +/-0.010      | R0.063              | ✓      |        | R6                      |          |
|        | R2.00                                 | +/-0.010      | R2.00               | ✓      |        | R6                      |          |
|        | R0.063                                | +/-0.010      | R0.063              | ✓      |        | R6                      |          |
| SIDE B | 4.438                                 | +/-0.030      | 4.438               | ✓      |        | tape                    |          |
|        |                                       |               |                     |        |        |                         |          |
|        | 2.240                                 | +0.005/-0.000 | 2.245               | ✓      |        | ↑                       |          |
|        | 1.984                                 | +0.005/-0.000 | 1.988               | ✓      |        |                         |          |
|        | 2.019                                 | +0.005/-0.000 | 2.023               | ✓      |        |                         |          |
|        | 2.058                                 | +0.005/-0.000 | 2.062               | ✓      |        |                         |          |
|        | 2.097                                 | +0.005/-0.000 | 2.100               | ✓      |        |                         |          |
|        | 2.136                                 | +0.005/-0.000 | 2.138               | ✓      |        |                         |          |
|        | 2.176                                 | +0.005/-0.000 | 2.179               | ✓      |        |                         |          |
|        |                                       |               |                     |        |        |                         |          |
|        | 0.125                                 | +/-0.010      | 0.125               | ✓      |        | Vernier                 |          |
|        | R0.063                                | +/-0.010      | R0.063              | ✓      |        | R6                      |          |
|        | R2.00                                 | +/-0.010      | R2.00               | ✓      |        | R6                      |          |
|        | R0.063                                | +/-0.010      | R0.063              | ✓      |        | R6                      |          |
|        | 4.438                                 | +/-0.030      | 4.438               | ✓      |        | tape                    |          |
|        |                                       |               |                     |        |        |                         |          |
|        | 99.84                                 | +/-0.020      | 99.82               | ✓      |        | tape                    |          |



|                                                 |                     |                     |
|-------------------------------------------------|---------------------|---------------------|
| <b>DART AEROSPACE LTD</b>                       | <b>Work Order:</b>  |                     |
| <b>Description:</b> Crosstube Assembly, Mid Fwd | <b>Part Number:</b> | <b>D206-667-147</b> |
| <b>Inspection Dwg:</b> D206-667-147 Rev: A      |                     | <b>Page 2 of 2</b>  |

### WALL THICKNESS MEASUREMENT



| Location              | WALL THICKNESS MEASUREMENT (IN) |     |     |     | Deviation<br>$\Delta w$<br>(max-min) | TOLERANCE |
|-----------------------|---------------------------------|-----|-----|-----|--------------------------------------|-----------|
|                       | w1                              | w2  | w3  | w4  |                                      |           |
| READING 1<br>L= 0"    | 253                             | 262 | 258 | 253 | 0.009                                | 0.035"    |
| READING 2<br>L= 16.64 | 159                             | 173 | 168 | 173 | 0.014                                |           |
| READING 3<br>L= 33.28 | 256                             | 258 | 251 | 249 | 0.009                                |           |
| READING 4<br>L= 49.92 | 258                             | 264 | 260 | 255 | 0.009                                |           |
| READING 5<br>L= 66.56 | 249                             | 260 | 253 | 249 | 0.011                                |           |
| READING 6<br>L= 83.2  | 170                             | 177 | 174 | 171 | 0.007                                |           |
| READING 7<br>L= 99.84 | 253                             | 259 | 260 | 256 | 0.007                                |           |

#### Calibration Result

Actual Block Thickness: 100.750

Sitescan 250 Measured Thickness: 100.250

|                     |                                 |                    |                                 |                              |  |
|---------------------|---------------------------------|--------------------|---------------------------------|------------------------------|--|
| <b>Measured by:</b> | <b>DAS</b><br><b>23</b><br>9-89 | <b>Audited by:</b> | <b>DAS</b><br><b>47</b><br>9-89 | <b>Preliminary Approval:</b> |  |
| <b>Date:</b>        | 10/5/11                         | <b>Date:</b>       | 17-05-16                        | <b>Date:</b>                 |  |

| Rev | Date     | Change                    | Revised by | Approved |
|-----|----------|---------------------------|------------|----------|
| B   | 11.06.21 | New Issue                 | KJ         |          |
| C   | 12.06.04 | Wall thickness form added | KJ         |          |



| Item | Qty<br>-147 | Part Number    | Description                                                                                                    |
|------|-------------|----------------|----------------------------------------------------------------------------------------------------------------|
| 1    | X           | D206-667-147   | CROSSTUBE ASSEMBLY (206L MID FWD)                                                                              |
| 2    | 1           | D6002-115      | CROSSTUBE                                                                                                      |
| 3    | 2           | D2873-043      | NUT PLATE                                                                                                      |
| 4    | 2           | D2873-045      | NUT PLATE                                                                                                      |
| 5    | 2           | D2891-1        | SUPPORT                                                                                                        |
| 6    | 4           | D3595-063-395  | RUBBER CUSHION                                                                                                 |
| 7    | 4           | MS21920-20     | CLAMP (OR MS21920-21)                                                                                          |
| 8    | 14          | MS20601AD4W8   | RIVET (OR NAS9302B-4-8)                                                                                        |
| 9    | A/R         | MAGNOBOND 6398 | ROCKWELL SPECIFICATION RBO-120-023<br>ADHESIVE (TEXTRON/BELL SPEC. 299-<br>947-100, TYPE II, CLASS 2 ADHESIVE) |

# **GENERAL NOTES:**

- 1) MATERIAL: MANUFACTURED FROM D6002-115  
FINISHED LENGTH = 99.84±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D206-667-147" AND BATCH NUMBER ON  
INSIDE OF CUFF PER DART QSI 044 6.4 (VIBRATING STYLUS).
- 7) WEIGHT: 15.0 lbs (-507 = 12.84)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART WHERE INDICATED. BLEND OUT EDGE LONGITUDINALLY,  
TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 10 PASSES. MAXIMUM TUBE FLATTENING DUE  
TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2891-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER QSI  
015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-20 CLAMPS (OR -21) WITH D3595-063-395 RUBBER CUSHIONS TO SECURE  
THE D2891-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMP MECHANISMS  
ARE LOCATED ON CROSSTUBE SUPPORTS.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE  
OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS  
SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT  
LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS ARE SHOWING IN  
SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHOP COPY  
RETURN TO  
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SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 161188M

MAY 08 2017

DEO ATTACHED

EC0 411-665  
11.07.28

UNDER REVIEW

RELEASED  
2011-05-23  
JMP

|            |             |    |          |
|------------|-------------|----|----------|
| A          | NEW ISSUE   | CP | 10.11.23 |
| REV.       | DESCRIPTION | BY | DATE     |
| DESIGN     | 90          |    |          |
| DRAWN      | 90          |    |          |
| CHECKED    | 90          |    |          |
| MFG. APPR. | 90          |    |          |
| APPROVED   | 90          |    |          |
| DE APPR.   | 90          |    |          |
| DATE       | 10.12.23    |    |          |

|                                                                                                                                                                                                                                                                             |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                           |              |
| DRAWING NO.<br>D206-667-147                                                                                                                                                                                                                                                 | REV. A       |
| TITLE<br>CROSSTUBE ASS'Y (206L MID FWD)                                                                                                                                                                                                                                     | SHEET 1 OF 4 |
| SCALE                                                                                                                                                                                                                                                                       | NTS          |
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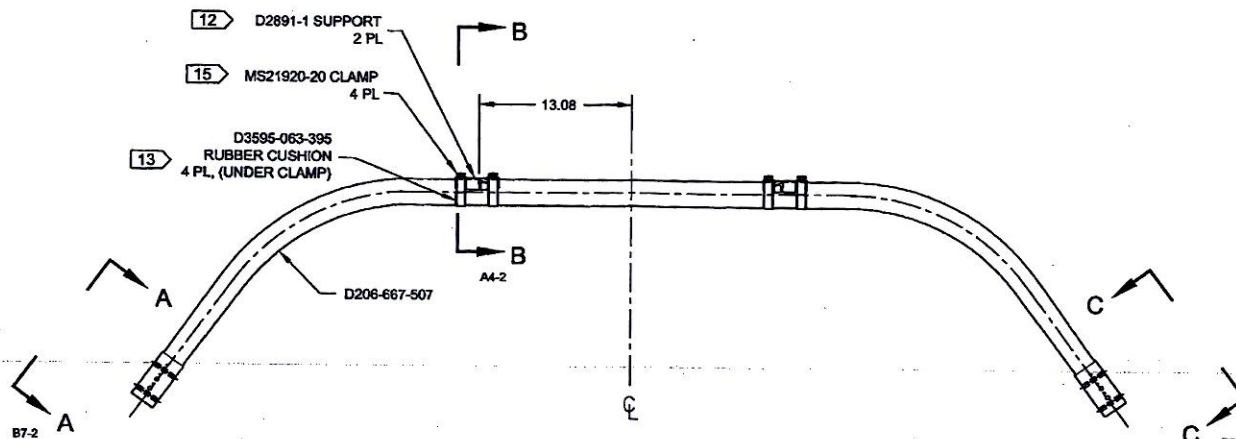
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D

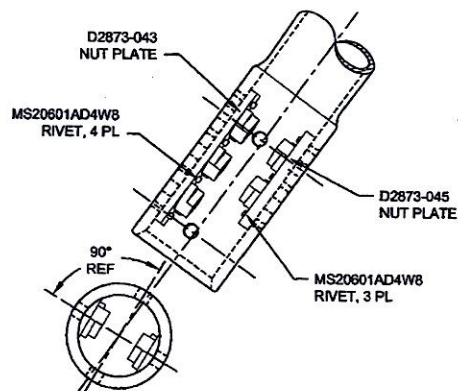
C

B

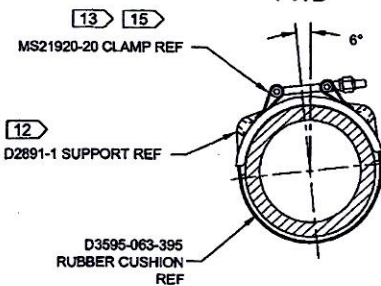
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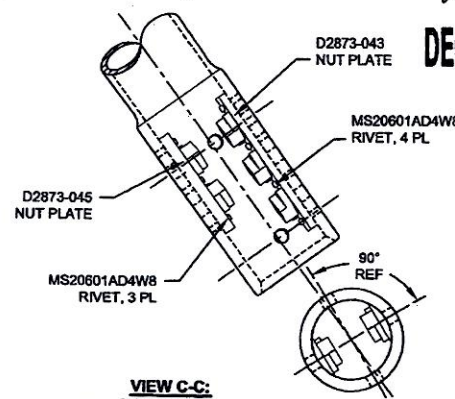
**D206-667-147**  
**ASSEMBLY DETAIL**  
(VIEW LOOKING FWD)



**VIEW A-A:**  
**CUFF DETAIL**  
SCALE 4X



**SECTION B-B**  
SCALE 5X



**VIEW C-C:**  
**CUFF DETAIL**  
SCALE 4X

ECW #1.615  
11.07.28  
**UNDER REVIEW**  
11/06/13

**RELEASED**  
2011-05-24

**DEO ATTACHED**

|                                                                                                                                                                                                                                |           |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         |           | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          | <i>JD</i> | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        | <i>JD</i> | DRAWING NO.                            | REV. A       |
| MFG. APPR.                                                                                                                                                                                                                     |           | D206-667-147                           | SHEET 2 OF 4 |
| APPROVED                                                                                                                                                                                                                       | <i>JD</i> | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       | <i>JD</i> | CROSSTUBE ASS'Y (206L MID FWD)         | NTS          |
| DATE                                                                                                                                                                                                                           | 10.12.23  | COPYRIGHT © 2010 BY DART AEROSPACE LTD |              |
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8 7 6 5 4 3 2 1







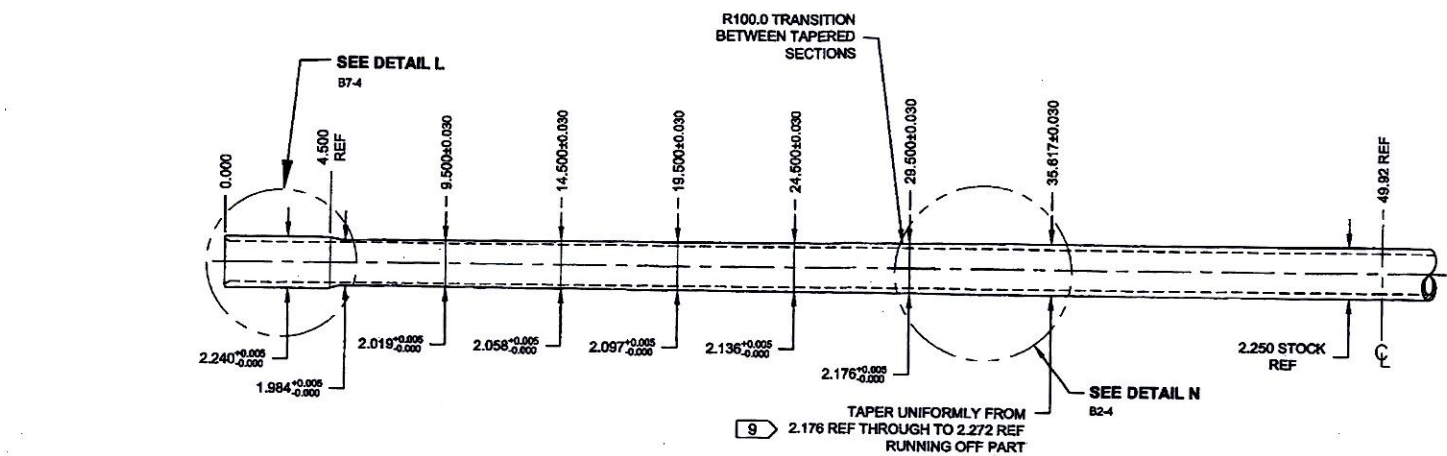
8 7 6 5 4 3 2 1

D

C

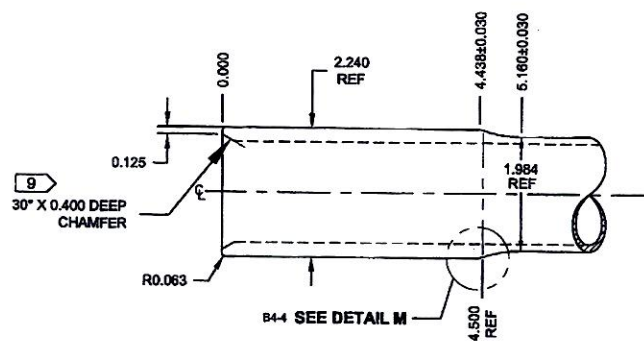
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A

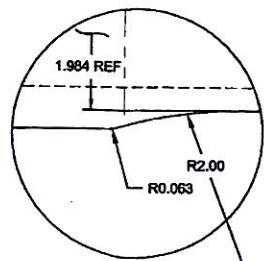


UNDER REVIEW  
UP 11.06.13  
ECN # 11-615  
11.07.20

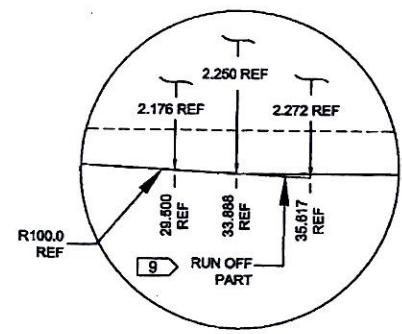
**TURNING DETAIL**



**DETAIL L:  
CROSSTUBE CUFF**  
D7-4  
NOT TO SCALE



**DETAIL M:  
CUFF TRANSITION**  
A6-4  
NOT TO SCALE



**DETAIL N:  
TAPER RUN-OFF**  
C4-4  
NOT TO SCALE

DEO ATTACHED

**RELEASED**  
2011-05-23

|            |          |                                                                                                                                                                                                                                                                    |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     |          | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                          |              |
| DRAWN      | <i>g</i> | <b>HAWKESBURY, ONTARIO, CANADA</b>                                                                                                                                                                                                                                 |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                        | REV. A       |
| MFG. APPR. | <i>g</i> | D206-667-147                                                                                                                                                                                                                                                       | SHEET 4 OF 4 |
| APPROVED   | <i>g</i> | TITLE                                                                                                                                                                                                                                                              | SCALE        |
| DE APPR.   | <i>g</i> | CROSSTUBE ASSY (206L MID FWD)                                                                                                                                                                                                                                      | NTS          |
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8 7 6 5 4 3 2 1

|                             |                                         |                         |                                                 |  |                                |                           |              |
|-----------------------------|-----------------------------------------|-------------------------|-------------------------------------------------|--|--------------------------------|---------------------------|--------------|
| DRAWING NO.<br>D206-667-147 | TITLE<br>CROSSTUBE ASS'Y (206L MID FWD) | REV. A                  | <b>DART AEROSPACE LTD<br/>ENGINEERING ORDER</b> |  | D.E.O. NO.<br>D206-667-147-A-1 | SHEET NO.<br>SHEET 1 OF 1 | SCALE<br>NTS |
| DRAWN<br><i>q</i>           | CHECKED<br><i>AS</i>                    | MFG. APPR.<br><i>JB</i> | APPROVED<br><i>MD</i>                           |  | DE APPR.<br><i>MD</i>          |                           |              |
| DATE<br>11.07.15            | DATE<br>11.07.20                        | DATE<br>11.07.21        | DATE<br>11/07/21                                |  | DATE<br>11.07.21               |                           |              |

**PURPOSE:**

REPLACE MAGNOBOND WITH PROSEAL.

**CHANGE:**

**IS:**

| Item | Qty<br>-147 | Part Number     | Description                   |
|------|-------------|-----------------|-------------------------------|
| 9    | A/R         | PROSEAL 890 B-2 | SEALANT, AMS-S-8802 CLASS B-2 |

**WAS:**

|   |     |                |                                                                                                               |
|---|-----|----------------|---------------------------------------------------------------------------------------------------------------|
| 9 | A/R | MAGNOBOND 6398 | ROCKWELL SPECIFICATION RBO-120-023<br>ADHESIVE (TEXTRON/BELL SPEC. 299-947-100,<br>TYPE II, CLASS 2 ADHESIVE) |
|---|-----|----------------|---------------------------------------------------------------------------------------------------------------|

NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

**IS:**

- 12) TO INSTALL D2891-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

**WAS:**

- 12) INSTALL D2891-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

**RELEASED**  
2011-07-28  
*MD*

|                             |                                         |                     |                                         |                                |                           |              |
|-----------------------------|-----------------------------------------|---------------------|-----------------------------------------|--------------------------------|---------------------------|--------------|
| DRAWING NO.<br>D206-667-147 | TITLE<br>CROSSTUBE ASS'Y (206L MID FWD) | REV. A              | DART AEROSPACE LTD<br>ENGINEERING ORDER | D.E.O. NO.<br>D206-667-147-A-2 | SHEET NO.<br>SHEET 1 OF 1 | SCALE<br>NTS |
| DRAWN<br>AJS                | CHECKED                                 | MFG. APPR. <i>E</i> | APPROVED <i>AP</i>                      | DE APPR. <i>AP</i>             |                           |              |
| DATE<br>12.08.02            | DATE<br>12.08.02                        | DATE<br>12.08.02    | DATE<br>12.08.02                        | DATE<br>12.08.02               | DATE<br>12.08.02          |              |

**PURPOSE:**

ADD ELECTRICAL GROUNDING STRAP

**CHANGE:**

**PARTS LIST:**

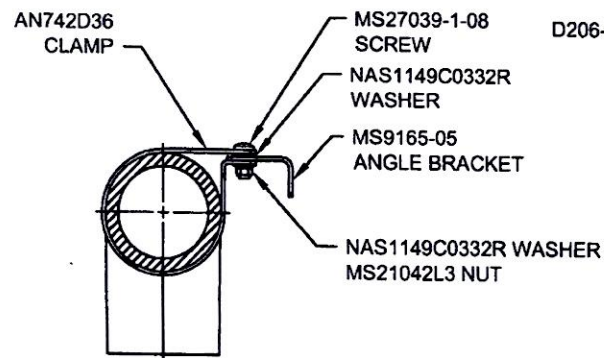
| ITEM | QTY<br>-147 | PART NUMBER   | DESCRIPTION                       |
|------|-------------|---------------|-----------------------------------|
| 1    | X           | D206-667-147  | CROSSTUBE ASSEMBLY (206L MID FWD) |
|      |             |               |                                   |
| 10   | 2           | AN742D36      | CLAMP                             |
| 11   | 2           | MS9165-05     | ANGLE BRACKET                     |
| 12   | 2           | MS21042L3     | NUT (OR MS21042-3)                |
| 13   | 2           | MS27039-1-08  | SCREW                             |
| 14   | 4           | NAS1149C0332R | WASHER (OR AN960C10L)             |

**GENERAL NOTES:**

- 16) MASK AREA UNDER CLAMP PRIOR TO PAINTING  
17) SEAL EDGES WHERE AN742D36 CLAMP MEETS WITH THE CROSSTUBE USING SIKAFLEX-241/-291 OR MIL-S-8802 CLASS B2 OR PROSEAL 890 SEALANT  
18) PERFORM RESISTANCE CHECK TO ENSURE MAX RESISTANCE IS 10 MILLIOHMS

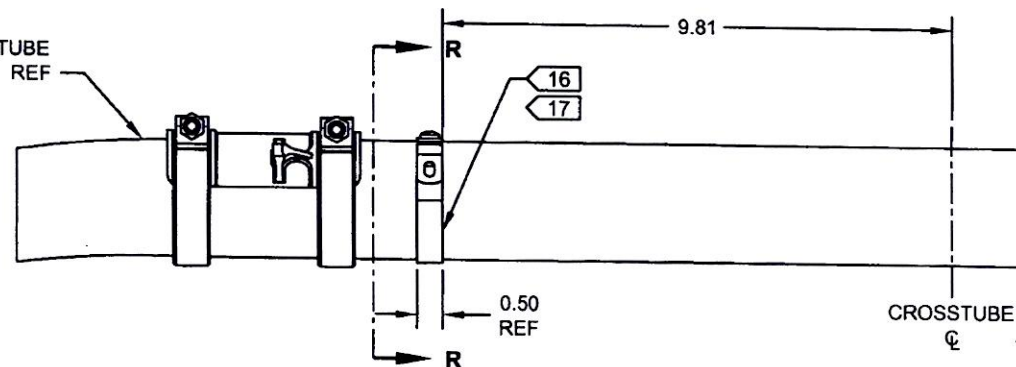
→ AFT

**RELEASED**  
12.08.17  
ECN 12-431



**SECTION R-R**

D206-667-507 CROSSTUBE REF



**DETAIL P**  
BONDING STRAP INSTALLATION 2 PL